

Valley Central High School Drivers' Education
September 2018

There will be an orientation held in the North Cafeteria on Monday, September 17th at 2:30. This counts as a class and will need to be made up if missed. In car instruction will begin the following day, Tuesday, September 18th. The first day of classroom instruction will take place in Room 124 at VCHS on Monday, September 24th.

Driver Education is administered as per New York State regulations. Twenty four (24) hours of classroom instruction are required to pass the course. The course will consist of sixteen (16) classes that will each meet for ninety (90) minutes. This satisfies the seat time required by New York State. ***100% ATTENDANCE IS REQUIRED***.

ATTENTION: If, due to illness, work, sports, etc. it is unavoidable to miss a class, the student must communicate with the teacher to **arrange a make-up ASAP**. Make-ups may include homework, attending an alternate class, and/or an Internet assignment at the discretion of the teacher. **Students will be allowed to make up ONLY THREE (3) MISSED CLASSES**. Any additional absences will disqualify the student from receiving credit for the course.

ATTENTION: Students are expected to attend all driving lessons as scheduled. If a student misses **MORE THAN TWO (2) DRIVING LESSONS**, there will be an **additional fee of \$50 per car group** of (4) students to make up the missed lessons.

Students must achieve a passing grade for both classroom instruction and driving instruction to receive a course completion certificate.

Please make a copy of all registration paperwork for your own reference

I (we) acknowledge all rules and regulations applicable to the VCHS Driver Education program:

Parent/Guardian name: _____

Parent/Guardian signature: _____

Parent/Guardian Email: _____

Thank you,
Melissa Vesely, Coordinator
Melissa.vesely@valleycentralschools.org

Registration Form & Guidelines for Valley Central Drivers' Education
September 2018

1. Students must possess a valid **driver's license or driver's permit** to enroll.
2. State Law mandates that each student complete **24 hours of classroom** instruction, 6 hours of behind the-wheel-training, and **18 hours of in-car observation** time.
3. Transportation to and from driving lessons must be provided by the student. Students will be picked up & dropped off on school grounds only. **NO EXCEPTIONS!**
4. Any missed class time or driving lesson **MUST** be made up to successfully complete the program. Course Completion Certificates **WILL NOT BE ISSUED** unless the State mandated number of hours are completed.
5. It is expected that the instructor will be notified **IN ADVANCE** should a student not be able to attend a class or scheduled driving lesson.
6. The final grade for the course will be a combination of a classroom score and a driving score. Students must earn a passing grade in both areas to be eligible for a **Course Completion Certificate**.
7. Classroom instruction is available **MONDAY** from 3:30 pm to 5:00 pm pursuant to the Valley Central School District Calendar. If school is closed or afterschool activities are cancelled, there is no class.
8. Driving Lessons are available **TUESDAY, SATURDAY** and **SUNDAY**. All lessons are scheduled for 90 minutes for each car group of four students.
9. Please complete all sections of this form and return with a **check** in the amount of **\$415** made out to **VALLEY CENTRAL SCHOOL DISTRICT**, with the student's full name on the memo line. Incomplete registration forms will not be accepted. **NO REFUNDS**.

I (*print parent's name*) _____ understand these regulations and give my permission for (*print student's name*) _____ to enroll in the driver's education program for the Fall 2018 semester.

Parent's Signature (*required*): _____

Student's Signature (*required*): _____

Student's Cell Phone No: _____

Motorist I.D. #: _____ Home Phone No. : _____

Parent(s) Email Address: _____



(*Please Circle One*): **NYS Driver's License** **NYS Learner's Permit**

Complete the following section by entering the information **exactly as it appears on your drivers license or permit** on the Course Completion Certificate (use your legal name-**no nicknames**, etc.):

Last Name: _____

First Name: _____

Middle Initial: _____

Date of Birth: (month) _____ (day) _____ (year) _____

Street Address: _____

City: _____, New York

ZIP: _____

All scheduling for driving lessons will be done on a **FIRST COME, FIRST SERVED BASIS!** Please be aware that enrollment is limited and that the available seats fill up **VERY QUICKLY!!**
Please return your registration form ASAP!!

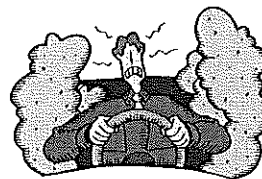
Available times for driving lessons are as follows:
(Driving lessons begin Tuesday, September 18th.)

- | | |
|---------------------------|--------------------------|
| 1. TUESDAY 2:15 - 3:45 | 6. SATURDAY 12:00 - 1:30 |
| 2. TUESDAY 3:45 - 5:15 | 7. SATURDAY 1:30 - 3:00 |
| 3. TUESDAY 5:15 - 6:45 | 8. SUNDAY 8:00 - 9:30 |
| 4. SATURDAY 9:00 - 10:30 | 9. SUNDAY 9:30 - 11:00 |
| 5. SATURDAY 10:30 - 12:00 | |

Please indicate number of your **FIRST CHOICE**: _____

Please indicate number of your **SECOND CHOICE**: _____

Please indicate number of your **THIRD CHOICE**: _____



Driving times are filled on a **First Come, First Served Basis**. Your choice of lessons will be filled according to **availability**.